



2007 SENATE BILL 178

May 9, 2007 - Introduced by Senators ROBSON, WIRCH, BRESKE, COGGS, DECKER, ERPENBACH, HANSEN, JAUCH, KREITLOW, LASSA, LEHMAN, MILLER, PLALE, RISSER, SULLIVAN, TAYLOR and VINEHOUT, cosponsored by Representatives HIXSON, BENEDICT, BERCEAU, BLACK, BOYLE, CULLEN, FIELDS, GARTHWAITE, GRIGSBY, GRONEMUS, HEBL, HUBLER, JORGENSEN, KAUFERT, KREUSER, KRUSICK, MASON, NELSON, A. OTT, PARISI, POCAN, POPE-ROBERTS, RICHARDS, SEIDEL, SHERIDAN, SHILLING, SINICKI, SOLETSKI, TRAVIS, TURNER, VAN AKKEREN and YOUNG. Referred to Committee on Public Health, Senior Issues, Long Term Care and Privacy.

1 **AN ACT to amend** 40.51 (8), 40.51 (8m), 66.0137 (4), 111.91 (2) (n), 120.13 (2) (g),
2 185.981 (4t) and 185.983 (1) (intro.); and **to create** 609.87 and 632.895 (15) of
3 the statutes; **relating to:** health insurance coverage of treatment for autism
4 spectrum disorders.

Analysis by the Legislative Reference Bureau

This bill requires health insurance policies and self-insured governmental and school district health plans to cover the cost of treatment for an insured for autism, Asperger's syndrome, and pervasive developmental disorder not otherwise specified if the treatment is provided by a psychiatrist, a psychologist, a social worker who is certified or licensed to practice psychotherapy, a paraprofessional working under the supervision of any of those three types of providers, or a professional working under the supervision of an outpatient mental health clinic. The coverage requirement applies to both individual and group health insurance policies and plans, including defined network plans and cooperative sickness care associations; to health care plans offered by the state to its employees, including a self-insured plan; and to self-insured health plans of counties, cities, towns, villages, and school districts. The requirement specifically does not apply to limited-scope benefit plans, medicare replacement or supplement policies, long-term care policies, or policies covering only certain specified diseases. The coverage may be subject to any limitations or exclusions or cost-sharing provisions that apply generally under the policy or plan.

SENATE BILL 178

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 40.51 (8) of the statutes is amended to read:

2 40.51 (8) Every health care coverage plan offered by the state under sub. (6)
3 shall comply with ss. 631.89, 631.90, 631.93 (2), 631.95, 632.72 (2), 632.746 (1) to (8)
4 and (10), 632.747, 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, 632.87 (3) to
5 (6), 632.895 (5m) and (8) to ~~(14)~~ (15), and 632.896.

6 **SECTION 2.** 40.51 (8m) of the statutes is amended to read:

7 40.51 (8m) Every health care coverage plan offered by the group insurance
8 board under sub. (7) shall comply with ss. 631.95, 632.746 (1) to (8) and (10), 632.747,
9 632.748, 632.83, 632.835, 632.85, 632.853, 632.855, and 632.895 (11) to ~~(14)~~ (15).

10 **SECTION 3.** 66.0137 (4) of the statutes is amended to read:

11 66.0137 (4) SELF-INSURED HEALTH PLANS. If a city, including a 1st class city, or
12 a village provides health care benefits under its home rule power, or if a town
13 provides health care benefits, to its officers and employees on a self-insured basis,
14 the self-insured plan shall comply with ss. 49.493 (3) (d), 631.89, 631.90, 631.93 (2),
15 632.746 (10) (a) 2. and (b) 2., 632.747 (3), 632.85, 632.853, 632.855, 632.87 (4), (5),
16 and (6), 632.895 (9) to ~~(14)~~ (15), 632.896, and 767.513 (4).

17 **SECTION 4.** 111.91 (2) (n) of the statutes is amended to read:

18 111.91 (2) (n) The provision to employees of the health insurance coverage
19 required under s. 632.895 (11) to ~~(14)~~ (15).

20 **SECTION 5.** 120.13 (2) (g) of the statutes is amended to read:

SENATE BILL 178

1 120.13 **(2)** (g) Every self-insured plan under par. (b) shall comply with ss.
2 49.493 (3) (d), 631.89, 631.90, 631.93 (2), 632.746 (10) (a) 2. and (b) 2., 632.747 (3),
3 632.85, 632.853, 632.855, 632.87 (4), (5), and (6), 632.895 (9) to ~~(14)~~ (15), 632.896, and
4 767.513 (4).

5 **SECTION 6.** 185.981 (4t) of the statutes is amended to read:

6 185.981 **(4t)** A sickness care plan operated by a cooperative association is
7 subject to ss. 252.14, 631.17, 631.89, 631.95, 632.72 (2), 632.745 to 632.749, 632.85,
8 632.853, 632.855, 632.87 (2m), (3), (4), (5), and (6), 632.895 (10) to ~~(14)~~ (15), and
9 632.897 (10) and chs. 149 and 155.

10 **SECTION 7.** 185.983 (1) (intro.) of the statutes is amended to read:

11 185.983 **(1)** (intro.) Every such voluntary nonprofit sickness care plan shall be
12 exempt from chs. 600 to 646, with the exception of ss. 601.04, 601.13, 601.31, 601.41,
13 601.42, 601.43, 601.44, 601.45, 611.67, 619.04, 628.34 (10), 631.17, 631.89, 631.93,
14 631.95, 632.72 (2), 632.745 to 632.749, 632.775, 632.79, 632.795, 632.85, 632.853,
15 632.855, 632.87 (2m), (3), (4), (5), and (6), 632.895 (5) and (9) to ~~(14)~~ (15), 632.896, and
16 632.897 (10) and chs. 609, 630, 635, 645, and 646, but the sponsoring association
17 shall:

18 **SECTION 8.** 609.87 of the statutes is created to read:

19 **609.87 Coverage of treatment for autism spectrum disorders.** Defined
20 network plans are subject to s. 632.895 (15).

21 **SECTION 9.** 632.895 (15) of the statutes is created to read:

22 632.895 **(15)** TREATMENT FOR AUTISM SPECTRUM DISORDERS. (a) In this subsection,
23 “autism spectrum disorder” means any of the following:

- 24 1. Autism disorder.
- 25 2. Asperger’s syndrome.

SENATE BILL 178

1 3. Pervasive developmental disorder not otherwise specified.

2 (b) Except as provided in par. (d), every disability insurance policy, and every
3 self-insured health plan of the state or a county, city, town, village, or school district,
4 shall provide coverage for an insured of treatment for an autism spectrum disorder
5 if the treatment is provided by any of the following:

6 1. A psychiatrist, as defined in s. 146.34 (1) (h).

7 2. A person who practices psychology, as described in s. 455.01 (5).

8 3. A social worker, as defined in s. 252.15 (1) (er), who is certified or licensed
9 to practice psychotherapy, as defined in s. 457.01 (8m).

10 4. A paraprofessional working under the supervision of a provider listed under
11 subds. 1. to 3.

12 5. A professional working under the supervision of an outpatient mental health
13 clinic certified under s. 51.038.

14 (c) The coverage required under par. (b) may be subject to any limitations,
15 exclusions, and cost-sharing provisions that apply generally under the disability
16 insurance policy or self-insured health plan.

17 (d) This subsection does not apply to any of the following:

18 1. A disability insurance policy that covers only certain specified diseases.

19 2. A health care plan offered by a limited service health organization, as defined
20 in s. 609.01 (3), or by a preferred provider plan, as defined in s. 609.01 (4), that is not
21 a defined network plan, as defined in s. 609.01 (1b).

22 3. A long-term care insurance policy.

23 4. A medicare replacement policy or a medicare supplement policy.

24 **SECTION 10. Initial applicability.**

25 (1) This act first applies to all of the following:

